



78124-11-14-51

ARIZONA STATE BOARD OF HEALTH				Vol. 6 #176	
BUREAU OF VITAL STATISTICS					
SUPPLEMENTARY REPORT OF BIRTH				County Registrar's No.*	
(This return should preferably be made by the person who made the original.)					
Place of Birth <u>Globe</u>		County <u>Gila</u>		No. _____ St. _____	
(Registration District)					
SEX OF CHILD* <u>Male</u>	Twin Triplet or other?	and	Number* in order of birth	I HEREBY CERTIFY that the child described herein has been named	
DATE OF BIRTH* <u>June</u> <u>24th</u> <u>1924</u>	(Month)	(Day)	(Year)	<u>Theodore Falbo</u> (Give name in full) (Surname)	
FULL* NAME	FATHER			<u>Guy Falbo</u> (Parent's signature)	
FULL* MAIDEN NAME	MOTHER			<u>Mary Cubetto</u> (Parent's signature)	
*These items to be entered by the local registrar before giving out this form.				<u>R. D. Kennedy</u> SIGNATURE OF (Physician or Midwife)	
Blank supplemental reports of birth may be obtained from the local registrar. Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.					

9-19-24